

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEARCHED

FILING DATE

APPLICANT(S)

40560813

	CLAIMS											
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51				
2	/							52				
3	/							53				
4	/							54				
5	/							55				
6	/							56				
7	/							57				
8	/							58				
9	/							59				
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39	/							89				
40	/							90				
41	/							91				
42	/							92				
43	/							93				
44	/							94				
45	/							95				
46	/							96				
47	/							97				
48	/							98				
49	/							99				
50	/							100				
TOTAL IND.	17							TOTAL IND.				
TOTAL DEP.	14							TOTAL DEP.				
TOTAL CLAIMS	16							TOTAL CLAIMS				